

Service Note (Progress Note)

Client Name		Client ID		Client DOB	
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Effective Date		Author	
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Status: Show No Show Cancel Cancel Reason: _____

Program: _____

Start Date: _____

Procedure: _____

Start Time: _____

Location: _____

Travel Time: _____

Clinician: _____

Documentation Time: _____

Mode of Delivery: _____

Face to Face Time: _____

Evidence Based Practices: _____

Transportation Service: To From Two-Way N/A None

Interpreter Services Needed

Interpreter has been scheduled: Yes No Language: _____

Interpreter Agency Scheduled: _____

Comments: _____

Progress Note

Problems Addressed

Interventions/Response <i>(Describe current service(s), how the service addressed the beneficiary's behavioral health need (e.g., symptom, condition, diagnosis, and/or risk factors))</i>

Service Note (Progress Note)

Care Plan

(Indicate the goals, treatment, service activities, and assistance to address the objectives of the plan and the medical, social, educational, and other services needed by the beneficiary. Include how the beneficiary or their representative helped to develop the goals, and the progress toward meeting the established goals. Indicate transition plan if the individual has achieved the goals of the care plan)

Billing Diagnosis Common (Psych, Medical, and SDOH Diagnoses)

Order	ICD/DSM- Description

Add-On Codes

Add-On Codes	Start Time	Duration

Signature		Date	
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Printed Name & Credentials	
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